

State of California

Board of Corrections

BUDGET/PROGRAM MODIFICATION

Corrections Planning and Programs Division

Form ROPP 04 (Revised 10/97) Repeat Offender Prevention Program (ROPP)

A. County: _____

Contract Number: _____

Grant Dates: From ____ / ____ / ____ To ____ / ____ / ____

Modification Number: _____

B. Line Items	Current Allocation	Proposed Changes (+/-)				Revised Allocation
	<i>State Funds</i>	<i>State Funds</i>	<i>Hard Match</i>	<i>In Kind Match</i>	<i>Any Other Match</i>	
Salaries and Benefits			NA	NA	NA	
Travel/Per Diem			NA	NA	NA	
Professional Consultant Services			NA	NA	NA	
Other (Describe)			NA	NA	NA	
Sub-Total			NA	NA	NA	
Administrative Overhead			NA	NA	NA	
Total			NA	NA	NA	

Justification for Budget Modification (attach additional pages if necessary)

C. Design or Scope of Project Modifications and Justification (attach additional pages if necessary)

D. Program Evaluation Modification and Justification (attach additional pages if necessary)

Person Preparing Report	Project Financial Officer	Project Manager
Signature	Signature	Signature
Name	Name	Name
Title	Title	Title
Address	Date	Date
	Telephone	Telephone
Date	For Board of Corrections use only	
Telephone	Approved: _____ Date: _____ Board of Corrections Representative	